

Aim: Head injuries treated conservatively are often managed in Orthopaedic wards especially in the absence of a Neurosurgical unit.

NICE guidelines recommend observation regime for such patients. We conducted an audit to determine whether best clinical practice was followed.

Methods: This was a retrospective casenotes review of neurological observation charts of adult patients admitted between September and December 2012. 63 patients were admitted; the casenotes of the last 50 patients admitted were examined.

Results: Patients included in the audit were those with cranial vault fractures and intra-cranial haemorrhage secondary to head trauma. Overall compliance with guidelines was only 16.3%. The majority of patients had prolonged and over-frequent observations despite normal GCS and stable neurology.

Conclusions: Compliance with NICE guidelines for monitoring of conservatively managed head injury patients was poor. Majority had observations carried out unnecessarily which can impact on patients' rest periods as well as increase nursing workload. Staff awareness on units caring for head injury patients is required to improve the monitoring and care as well as NICE guidance being made available on all appropriate wards. The audit needs to be repeated in 6–12 months.

0920: THE ACUTE EMERGENCY THEATRE – THE CONCEPT AS A NOMINAL ENTITY, RATHER THAN A PHYSICAL ENTITY – AN AUDIT ON OPTIMISING THEATRE UTILISATION

Alexander Hills¹, Alexander Clarke¹, Christoph Hartmann², Caroline Hing¹. ¹St George's Hospital, London, UK; ²Charing Cross Hospital, London, UK.

Acute emergencies should have the potential to be operated on within 1-hour of arriving at hospital. At St George's Hospital, London one of the three trauma theatres was designated as the 'Acute Emergency Theatre' (AET), limiting non-acute surgeries to 1-hour and thus the repertoire of surgeries. In July 2012, AET was changed to be a nominal entity, whereby it could be any of the three theatres as long as one was available within 1-hour at any period in time.

Method: Theatre utilisation in all orthopaedic theatres was audited prospectively, 3 months before and after July when AET changed to a nominal entity. Primary outcome measures were total number of operations performed and total operating hours. Data analysed by paired 2-tail T-Test using SPSS17(IBM).

Results: 1242 consecutive operations were performed with no significant increase in total number of operations performed (658 to 665). There was a 10% increase in total operating hours across all theatres (1102 to 1223 hours, $p=0.15$) with a 32% increase in operating hours (216 to 284 hours, $p=0.01$) in the AET. No compromise to theatre availability for emergencies was observed.

Conclusions: Theatre utilisation can be optimised by being a nominal, rather than a designated AET allocation system.

0954: DISPELLING THE MYTHS SURROUNDING SKI HELMET USE: A REVIEW OF CURRENT EVIDENCE

Harriet Crosby^{1,2}, Alex Wilkins¹, Alastair Pickering^{1,2}. ¹Hull York Medical School, North Yorkshire, UK; ²Hull Royal Infirmary, Hull & East Yorkshire NHS Trust, East Yorkshire, UK.

Aim: Although the benefits of helmets in cycling and motor sports are widely recognised, the uptake of helmets amongst skiers and snowboarders has lagged behind. We aimed to review the evidence behind various myths about the disadvantages of helmet use in snow sports which may discourage their use.

Method: MedLine and Google scholar searches were performed for relevant articles (exploring potential disadvantages) published in English between 1970–2012. Articles were reviewed and references cross-checked to identify studies that may have been missed.

Results: 115 articles were reviewed and 5 articles were selected according to the inclusion criteria. These included; 2 Randomised Controlled Trials, a case-control study, a cohort study and one combined observation and self-reported risk profiling study. These studies showed no increased risk of injury to the cervical spine and no impairment of peripheral vision or hearing. There was no association between helmet use and increased risk-taking behaviour. Numerous other studies also

demonstrated evidence that helmets reduce the incidence and severity of head injuries.

Conclusion: Myths surrounding the disadvantages of helmet use in snow sports are not supported by the current literature. Legislation mandating helmet use may decrease the morbidity and mortality associated with ski and snowboarder head injuries.

0974: WHAT IMPACT HAS LAPAROSCOPY HAD ON TIMING OF APPENDICECTOMY AND THE RATE OF POSITIVE HISTOLOGY?

Elisabeth Royston, Christopher Arrowsmith, Collins Ekere, Chaitanya Mehta, Robert Talbot. *Poole Hospital, Poole, UK.*

Aims: We aimed to evaluate whether the use of diagnostic laparoscopy has an impact on the timing of appendicectomy in patients presenting with RIF pain, and assess whether patients undergoing surgery later have a lower positive histology rate.

Methods: A database of emergency appendicectomies was established from histology records for years 2009–2012 inclusive. For this study the first consecutive 100 cases from each year were included. After exclusions $n=365$.

Results: Of 365 appendicectomies, 95 were performed open and 270 laparoscopically. Mean day of surgery was 0.67 and 0.85 respectively. 46% of laparoscopic appendicectomies were on day 2 or later compared to 12% for open. 80% (41/51) of surgeries performed on day 2 or later were on females. The positive histology rate for surgery on day 0 was 76%, day 1 was 71% reducing to 33% (22% females, 60% males) on day 2 or later.

Conclusion: Surgery is later in patients undergoing laparoscopic appendicectomy. Patients undergoing surgery later are predominantly females, and have a high rate of negative histology. We can conclude that the use of diagnostic laparoscopy has led to a cohort of female patients without appendicitis undergoing delayed laparoscopic appendicectomy.

0978: FEMALE APPENDICECTOMY – LATER AND LONGER?

Elisabeth Royston, Christopher Arrowsmith, Collins Ekere, Chaitanya Mehta, Robert Talbot. *Poole Hospital, Poole, UK.*

Aims: Appendicectomy is the commonest emergency operation performed by general surgeons. The aim of this study was to identify whether females undergo surgery later in their admission than males, and assess whether later surgery results in a longer post-operative stay.

Methods: A database of appendicectomies was established from histology records for years 2009–2012 inclusive. For this study the first consecutive 100 cases from each year were included. Patients who had surgery for reasons other than acute RIF pain were excluded. After exclusions $n=365$. Day of admission = day 0.

Results: Of 365 appendicectomies performed 186 were on female patients. The average day of surgery in females was 1.06 compared to 0.54 in males. The average post-op length of stay was 2.02 days. Patients undergoing surgery on the day of admission had a mean post op length of stay of 1.88 days ($m=2.02$, $f=1.6$). Patients undergoing surgery on day one had a mean post-op length of stay of 2 days, and surgery on day 2 or later had a mean post-op length of stay of 2.5 days.

Conclusion: Female patients consistently undergo appendicectomy later in their admission than males. Late appendicectomy is associated with longer post-operative length of stay.

1014: "STANDARDS FOR UNSCHEDULED SURGICAL CARE": AN AUDIT OF ACUTE SURGICAL ADMISSIONS IN TORBAY HOSPITAL

Helen Teixeira, James Wolff, Sally Ward-Booth. *Torbay Hospital, Torquay, UK.*

Aim: The "Standards for Unscheduled Surgical Care" document was produced by the Royal College of Surgeons in February 2011. These new standards state that all acute surgical patients should be reviewed by a Specialist Registrar within 60 minutes and by a Consultant within 24 hours. This audit aimed to review our current practice in relation to these standards.

Methods: All patients referred to the General Surgical team were identified. A period of 14 weeks was chosen to reflect the rota; one day per week was reviewed. The time of admission, times of review and MEWS score were recorded for each patient.

Results: 171 patients were identified. 24% were seen by a registrar within 60 minutes. Consultant review within 24 hours was achieved in only 56%. 58% of referrals were received out of hours; however the timing of admission did